

UTILITY PATENT APPLICATION TRANSMITTAL

EL 759668482US

PTO/SB/05 (03-01)

08/27/01

Attorney Docket No.:	CS99025RL	Total Pages:	2
First-Named Inventor or Application Identifier	Mark E. Pecen		
Title:	ADVICE OF CHARGE FOR COMMUNICATIONS SERVICES, ARCHITECTURES AND METHODS THEREFOR		
Express Mail Label No.:	EL 759668482US		

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
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1. ☒ Fee Transmittal Form *in duplicate*

2. ☒ Specification Total Pages 15

3. ☒ Drawings Total Sheets: 6

4. ☒ Unsigned Declaration with Power of Attorney Total Pages 5
 - a. ☐ Newly Executed (original or copy)
 - b. ☐ Copy from prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 17 completed)
 - i. ☐ Deletion of Inventor(s):
Signed statement attached deleting inventor(s) named in the prior application
(see 37 CFR §1.63(d)(2) and 1.33(b))

5. ☐ Incorporation by Reference *(useable if Box 4b is checked)*
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied
under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby
incorporated by reference therein.

6. ☐ Application Data sheet. See 37 CFR 1.76

7. ☐ Nucleotide and/or Amino Acid Sequence Submission

ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers *(cover sheet and document(s))*

9. ☐ 37 CFR §3.73(b) Statement (when there is an assignee) ☐ Power of Attorney

10. ☐ English Translation Document *(if applicable)*

11. ☐ Information Disclosure Statement (IDS) Form PTO/SB/08 ☐ Copies of IDS Citations

12. ☐ Preliminary Amendment

13. ☒ Return Receipt Postcard (MPEP 503) *(should be specially itemized)*

14. ☐ Certified Copy of Priority Document(s)

15. ☐ Nonpublication Request Under 35USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent

16. ☐ Other:

17. **IF A CONTINUING APPLICATION**
*check appropriate box and supply the requisite information below
and, if applicable, in a preliminary amendment:*

☐ Continuation

☐ Divisional

☐ Continuation-in-
Part (CIP)

Prior Appl. No. _____

Prior Appl. information:

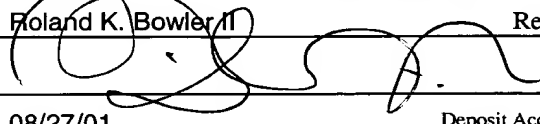
Examiner:

Group/Art Unit:

CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	20280	or	<input type="checkbox"/>	Correspondence address below
NAME	Roland K. Bowler II Attorney for Applicant(s)			
Reg. No.	33,477			
ADDRESS	Motorola, Inc. Law Department 600 North U.S. Highway 45			
CITY	Libertyville	STATE	IL	ZIP CODE 60048
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SUBMITTED BY

NAME	Roland K. Bowler II	Reg. No.	33,477
SIGNATURE			
DATE	08/27/01	Deposit Account User ID	13-4768

PTO/SB/17 (11-00) <div style="text-align: center;">FEE TRANSMITTAL</div> Patent fees are subject to annual revision		<div style="text-align: right;"><i>Complete if Known</i></div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Application Number</td><td style="width: 50%;"></td></tr> <tr><td>Filing Date</td><td></td></tr> <tr><td>First Named Inventor</td><td>Mark E. Pecen</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Group Art Unit</td><td></td></tr> <tr><td>Attorney Docket No.</td><td>CS99025RL</td></tr> </table>		Application Number		Filing Date		First Named Inventor	Mark E. Pecen	Examiner Name		Group Art Unit		Attorney Docket No.	CS99025RL
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TOTAL AMOUNT OF PAYMENT (\$ 746.00)															

METHOD OF PAYMENT 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number 13-4768 Deposit Account Name Motorola, Inc. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <div style="text-align: center;">FEE CALCULATION</div> <div style="border: 1px solid black; padding: 5px;"> 1. 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SUBMITTED BY		<i>Complete (if applicable)</i>	
Name (Print/Type)	Roland K. Bowler II	Registration No.	33,477
Signature		Telephone	847-523-3978
		Mail Date	08/27/01